

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09 676620

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37	minus 20=	17
INDEPENDENT CLAIMS	4	minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	Fee
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	Fee
BASIC FEE	710.00
X\$18=	306
X80=	80
+270=	
TOTAL	1096

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT NO.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	* 34	3	** 37	= —
	Minus	*** 4		= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	—
X80=	—
+270=	
TOTAL ADDIT. FEE	—

AMENDMENT NO.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	* 29	2	** 37	= —
	Minus	*** 4		= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	—
X80=	—
+270=	
TOTAL ADDIT. FEE	—

AMENDMENT NO.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	=
	* 33	2	** 37	= —
	Minus	*** 4		= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	—
X80=	—
+270=	
TOTAL ADDIT. FEE	—

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09 676620

Total Fee Calculation:

Fee Item	Rate	Quantity	Fee	Fee Item	Rate	Quantity	Fee
Basic Filing Fee	\$10.00	1	<u>10</u>	Examiner's Allowance	\$696.00	1	<u>696</u>
First Claim (\$10)	\$10.00	1	<u>10</u>	Serial Number	\$306.00	1	<u>306</u>
Additional Claims (\$10)	\$10.00	4	<u>40</u>	Priority Extension	\$80.00	1	<u>80</u>
Non-Resident Claim Premium	\$10.00	1	<u>10</u>				
Surcharge	\$10.00	1	<u>10</u>				
Examiner's Allowance	\$10.00	1	<u>10</u>				

TOTAL FEE CALCULATION:

Fees due upon filing the application:

Total Filing Fees Due = 1226.00

Less Filing Fees Submitted = 0

BALANCE DUE = \$ 1226.00

D. Bellmore
Office of Initial Patent Examination

Figure 7